PTO/SB/06 (08-03)

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	PA	TENT /	APPLI	CATIO	N FEE DET	EKMINATIO	ON RECORD	normation uni	ess it disp Applic	lays a valid OMB ation or Docket N	control number
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTIT									OR	OR OTHER THAN SMALL ENTITY	
FOR NUMBER FILED					NUM	BER EXTRA	RATE	FEE	7		
BASIC FEE (37 CFR 1.16(a))						1 10012		1	RATE	- FE	
TOTAL CLAIMS						 	\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	OR		5/10	
(37 CFR 1.16(c)) minus 20 = • INDEPENDENT CLAIMS						× \$=	 	OR	x \$=		
(37 CFR 1.16(b)) minus 3 = •						× s=		OR	x s=	94	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+\$ =	0/
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
		CLAIMS	AS AM	ENDED) – PART II		•		_	· TOTAL	L
		•			•					· OTHE	D TUAN
		(Colu	mn 1) NMS	,	(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A		REMA AF	AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))	G	8	Minus	30	-	x s_ =		OR	× s_50.00	FEE
JEN	Independent (37 CFR 1.16(b))	. 4	7 ·	Minus _.	4	- 3	X \$ =		OR .	× s 200 =	6000
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =		1		700
		•					TOTAL		OR	+ \$ = TOTAL	1000
		(0-1	43				ADD'L FEE		OR	ADD'L FEE	600.00
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						·		ı		
AMENDMENT B	i	REMA AFT AMEND	ER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•		Minus	••	=	X \$ =		OR	× s =	
	Independent (37 CFR 1,16(b))	•		Minus	***	=					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						X \$=		OR	X \$=	
(J. C. N. I. Iold)							+ s =	·	OR	+ s = TOTAL	
							ADD'L FEE		OR	ADD'L FEE	
	****	(Colum			(Column 2)	(Column 3)					
AMENDMENT C		REMAI AFTI AMEND	NING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))	•		Minus	**	=	x \$ =	,,,,,	0.5	V.A	FEE
	Independent (37 CFR 1,16(b))	•		Minus	***	=	x \$ =		OR	× \$=	
\ A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR	X \$=	
							+ s = TOTAL		OR [+ s = TOTAL	
•	If the entry in co	olumn 1 is	less than	the entry	in column 2, writ	e "0" in column 3	ADD'L FEE		OR	ADD'L FEE	
•••	If the "Highest I If the "Highest N	Number Pr Number Pr	eviously f eviously F	Paid For" Paid For"	IN THIS SPACE IN THIS SPACE I	is less than 20, e	ntor "20"		•		

The *Highest Number Previously Paid For* (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.